

CUSTER STAR DENTAL GROUP
2860 MICHELLE DR, 2ND FLOOR
IRVINE, CA 92606
ATTN: TAMMY BLACKBURN



**ACKNOWLEDGMENT OF RCRA SUBTITLE C
SITE IDENTIFICATION FORM**

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D. Number: **TXR000080237**

Facility Name and Address: **CUSTER STAR DENTAL GROUP
15950 EL DORADO PKWY, STE 100
FRISCO, TX 75035**

January 13, 2011

1 HU Gen - Custer Star - CO
Dental Group

1/2011
1/24

OMB# 2050-0024; Expires 11/30/2011

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal

MARK ALL
BOX(ES) THAT
APPLY

Reason for Submittal:

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
☐ To provide a Subsequent Notification (to update site identification information for this location)
☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number TXIR10101012810123171

3. Site Name

Name: Custer Star Dental Group

4. Site Location Information

Street Address: 15950 Eldorado Pkwy, Suite 100
City, Town, or Village: Frisco

State: TX

Country: USA

County: Collin

Zip Code: 75035

5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 161211211

C.

B.

D.

7. Site Mailing Address

Street or P.O. Box: 2860 Michelle Drive, 2nd Floor

City, Town, or Village: Irvine

State: CA

Country: USA

Zip Code: 92606

8. Site Contact Person

First Name: Tammy

MI:

Last: Blackburn

Title: Business Development

Street or P.O. Box: 2860 Michelle Drive, 2nd Floor

City, Town or Village: Irvine

State: CA

Country: USA

Zip Code: 92606

Email: blackburnt@pacden.com

Phone: 714-508-3600

Ext.: 1208

Fax: 714-368-2060

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Eldorado Crossing, LLC

Date Became Owner: 1/1/10

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 7001 Preston Rd., Suite 500

City, Town, or Village: Dallas

State: TX

Country: USA

Phone: 214-224-4644

B. Name of Site's Operator: Pacific Dental Services Inc.

Zip Code: 75205-1175

Date Became Operator: 9/1/10

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

RECEIVED

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 11/2009)

REGISTRATION
& REPORTING

fin
1/16/11
PB

11-1473
BB
IHD-8700-12

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10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**

- ☒ ☐ ☐ **1. Generator of Hazardous Waste**
If "Yes", mark only one of the following – a, b, or c.
- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

- ☐ ☒ ☐ **d. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.
- ☐ ☐ ☒ **e. United States Importer of Hazardous Waste**
- ☐ ☐ ☒ **f. Mixed Waste (hazardous and radioactive) Generator**

- ☐ ☐ ☒ **2. Transporter of Hazardous Waste**
If "Yes", mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- ☐ ☐ ☒ **3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.
- ☐ ☐ ☒ **4. Recycler of Hazardous Waste**
- ☐ ☐ ☒ **5. Exempt Boiler and/or Industrial Furnace**
If "Yes", mark all that apply.
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ ☐ ☒ **6. Underground Injection Control**
- ☐ ☐ ☒ **7. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

- ☐ ☐ ☒ **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.
- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐
- ☐ ☐ ☒ **2. Destination Facility for Universal Waste**
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- ☐ ☐ ☒ **1. Used Oil Transporter**
If "Yes", mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- ☐ ☐ ☒ **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ ☐ ☒ **3. Off-Specification Used Oil Burner**
- ☐ ☐ ☒ **4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the Item-by-Item Instructions for definitions of types of eligible academic entities. Mark all that apply:
- ☐ a. College or University
 - ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
 - ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible][illegible]

[illegible]

OMB#: 2050-0024; Expires 11/30/2011

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Please mail EPA and all related notices/Correspondence
to: Pacific Dental Services, Inc. Attn: Tammy Blackburn
2860 Michelle Drive, 2nd Floor
Irvine, CA 92606

14. **Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)

Vinny Blum

Ammy Blackburn

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